

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida

FILED
SECRETARY OF STATE
DEPT. OF CORPORATIONS
95 MAY -1 AM 11:44

DOCUMENT # **680069**

(2)

METRO JITNEY INCORPORATED

Principal Office in Florida: **1995 NE 142ND ST MIAMI FL 33181-1505**
 Mailing Address: **1995 NE 142ND ST MIAMI FL 33181-1505**

DO NOT WRITE IN THIS SPACE

3. Date for Corporate or Combined	3a. Date of Last Report
07/28/1980	04/28/1984
4. FID Number	Against For Not Applicable
65-0447374	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. The Corporation has liability for intangible tax under the Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Office in Florida	2a. Mailing Address
21. State of Florida	26. State of Florida
22. City or County	27. City or County
23. Zip	28. Zip
24. State of Florida	29. State of Florida
25. City or County	30. City or County

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZILBER, SIGMUND 1995 NE 142 ST. NO. MIAMI FL 33181		01. Name	
		02. Street Address (P.O. Box Number is Not Acceptable)	
		03. City or County	
		04. Zip	FL 05. State

11. Pursuant to the provisions of Sections 210.01 and 210.02 of the Florida Statutes, the above-named registrant certifies that this statement for the purpose of changing its registered office or registered agent or both in the State of Florida has been prepared and submitted by the registrant, its agent or attorney, and that the registrant is not a corporation, partnership, or other entity, and is not the representative of any such entity, for the purpose of this statement.

SIGNATURE: _____

12. DIRECTOR, AND OTHER OFFICERS		13. ADDITIONAL CHANGES TO OFFICERS, AND TO CORPORATE DATA	
NAME	DSP ZILBER, SIGMUND 1995 NE 142 ST. NO. MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
STREET ADDRESS		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
CITY		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
STATE		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
ZIP		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
STREET ADDRESS		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
CITY		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
STATE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
ZIP		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New

14. The registrant certifies that the information supplied with this filing is true, correct, and complete, and that it is qualified to file this report as required by the Florida Statutes. The registrant certifies that the information submitted on this filing is not a duplicate of any report or filing previously filed with the Secretary of State and that the registrant shall have the same legal effect as if filed with the Secretary of State. The registrant certifies that the information submitted on this filing is not a duplicate of any report or filing previously filed with the Secretary of State. The registrant certifies that the information submitted on this filing is not a duplicate of any report or filing previously filed with the Secretary of State.

SIGNATURE: *Sigmund Zilber* Sigmund Zilber 3/10/95 (305) 944-4422